

SECTION III

PERFORMANCE GOALS AND ACTION PLANS TO IMPROVE THE SERVICE SYSTEM

FY 2005 MENTAL HEALTH PLAN CHILDREN, YOUTH AND FAMILIES

Criterion 1: Comprehensive Community-Based Mental Health Service Systems

Please refer to Part C, Section II for narrative information concerning the Community-Based Service System's strengths, needs and priorities in Missouri. As noted in Section II, Children and Youth served in CPR programs in FY 2004 number 4,155. This number has steadily increased over the years and we anticipate, with the addition of an "intensive" level of care and the Provisional Admission category, it will continue to increase to meet the needs of Missouri's children. The DMH is changing the way in which consumers receiving case management are counted. Numbers collected in previous years are not equivalent. Therefore, we will begin with FY 2004 consumer census and monitor increased access to case management and community support services by counting all clients with a CPR community support/case management services billed to either Medicaid or POS. Due to these changes the plan is to look at a three year average to accurately reflect the baseline. See Appendix C, Table B to find Regional and Statewide totals of children and youth served in all community programs in FY04. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by exceeding the expected baselines.

>Goal: Reduce the length of stay in State inpatient hospital settings by providing comprehensive community-based services and supports.

Target:

1. Achieve a level of less than the baseline of 7.9% of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge.
2. Maintain an average length of stay of less than 30 days for children and youth admitted to State-operated acute inpatient hospitalization.

Population: Children and youth with SED.

Brief Name: Inpatient census, admissions rates and lengths of stay.

Indicators:

1. Percentage of children and youth readmitted to State psychiatric inpatient care within 30 days of discharge;
2. Average length of stay for children and youth admitted to State-operated acute inpatient hospitalization.

Measure: Inpatient utilization information is obtained from CTRAC.

**Source of
Information:** CTRAC

Special Issues: The total number of children and youth that are served by the Division is expected to remain stable or increase as the system of care expands, but the relative overall utilization and average length of stay in State-operated

psychiatric hospitals is expected to decrease as community-based alternatives are developed. The recidivism rate is also expected to decrease.

Significance: A major outcome of the development of a community-based system of care is the reduced re-admission to State-operated psychiatric hospital beds and a reduced average length of stay.

>Goal: Provide intensive case management services (Targeted Case Management, PCR, or POS funded) to all eligible individuals.

Target: 3. Maintain the baseline of 4000 children and youth with SED receiving CPS-funded case management services.

Population: Children and youth with SED

Brief Name: Case management.

Indicators: 3. Number of children and youth with SED receiving CPS-funded case management and CPR community support services.

Measure: Data is gathered from provider billing reports.

Source of Information: Billing information

Special Issues: The total number of individuals that are receiving intensive case management and CPR community support services is impacted by financial fluctuations and staff attrition and turnover.

Significance: An outcome of the development of a community-based system of care for children and youth is maintenance of access to intensive case management and CPR services that can help children, youth and their families effectively navigate the mental health system of care.

State Plan Performance Indicator Data Table Fiscal Year: 2004

**Population: SED Children Criterion 1: Comprehensive Community-Based
Mental Health Services**

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Objective	% Attained
Indicator #1 Readmitted within 30 days	6.5%	3.3%	7.9 (baseline)	3.3%
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #2 Average length of stay in acute inpatient	14.9 days	16.9 days	30 days baseline. Discharged during FY04. only Acute Care included (12,758 days and 751 discharges)	
Value:				
If rate—Numerator		12,758		
If rate—Denominator		751		
Indicator #3 Number receiving case management	8,819	10,107	4,000 baseline	
Value:				
If rate—Numerator				
If rate—Denominator				

Criterion 2: Mental Health System Data Epidemiology

Please refer to Part C Section II for narrative information concerning Mental Health System Data Epidemiology in Missouri. Appendix B, Table A “2001 Estimated Census Data and Prevalence Rates” and Appendix C, Table B” Characteristics of Consumers Served show the increase in Missouri children and youth who receive services from the DMH Division of CPS. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by exceeding the expected baselines.

>Goal: Provide mental health services to children and youth with SED.

Target: Maintain the percentage of children and youth with SED who receive CPS-funded services.

Population: Children and youth with SED.

Criterion: Mental health system data epidemiology

Brief Name: Estimates of SED prevalence and target populations.

Indicator: Percentage of Missouri children and youth with SED who receive CPS-funded services; Special Population Indicators: For all illustrative indicators shown under Criterion 1 and 2, estimation of performance on the same indicators for significant sub-populations, including breakouts by:

- a) Gender
- b) Ethnicity
- c) Race
- d) Sub-state geographic areas
- e) For children and adolescents, age sub-grouping

Measure: Estimate of SED prevalence based on federal guidelines; a Division-generated sample (Child Behavior Check List –CBCL and Youth Status Report) that tracks psychiatric pathology, functionality, and demographics is collected on children and youth at admission, every six months, and at discharge.

Source(s) of

Information: CTRAC, CBCL and Youth Status Report.

Special Issues: The Division uses a sampling method effecting the data collection from the CBCL and Youth Status Report. For children/youth the

CBCL continues to be used as the symptom/functioning tool. The Youth Status Report, developed by CPS Outcomes Steering Committee continues to be used as well.

Significance: The information above demonstrates the overall unmet need for Missouri children and youth with SED. The Capacity Development Workgroup is addressing service gaps and unmet needs.

State Plan Performance Indicator Data Table

Fiscal Year: 2004

Population: SED Children Criterion 2: Mental Health System Data Epidemiology

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Projected	% Attained
Indicator #1 Receive services	12.36%	14.3%	10.9% (baseline)	14.3%
Value:				
If rate—Numerator	SED Children and Youth Served	SED Children and Youth Served		
If rate—Denominator	Children Prevalence at 7%	Children Prevalence at 7%		

Criterion 3: Integration of Children and Youth Services

Please refer to Part C Section II for narrative information concerning the integration of Children and Youth Services. The DMH is continuing to improve and expand services to children. As noted before, tremendous strides have been made in this State during the last few years. Our System of Care grants support 7 sites currently. Lessons learned at these sites have helped us improve children's services across the state and we will continue to build new Children's Mental Health Management Teams. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by meeting the expected baselines.

- >Goal:** Children with severe or multiple mental health problems will achieve success living in their communities. Missouri will increase children's access to Systems of Care (SOC) through the Children's Mental Health Management Team (CMHMT).
- Target:**
1. Maintain the number of days that children and youth with severe and/or multiple mental health problems who are in State custody and served by the SOC, live in their homes or homelike settings.
 2. Maintain the number of days that children and youth with severe and/or multiple mental health problems who are served by the SOC attend school in the community.
 3. Maintain CBCL total scores relating to problem behaviors, social functioning and school competencies of children and youth with severe and /or multiple mental health problems that are served by the SOC.
 4. Increased statewide access to SOC for children and youth served by multiple state departments.
- Population:** Children and youth with severe and/or multiple mental health problems living in their community served by the SOC and CMHM teams.
- Brief Name:** System of Care
- Indicators:**
- 1a. Number of children in State custody who have been placed out of the home as noted by last assessment from reviews and discharges only;
 - 1b. Percentage of days that children and youth with severe and/or multiple mental health problems who are in State custody and served by the SOC live in their own homes or homelike settings by last assessment;
 2. Number of children and youth expelled or suspended from school as seen by last assessment;

3. The number of CMHM teams created statewide.

In the coming year the DMH will add indicators, by collecting data concerning: 2b, percentage of days school is attended and 4, number of children showing improvement in functioning.

Measure: A Division-generated sample (CBCL and Youth Status Report) that tracks psychiatric pathology, functionality and demographics will be collected on children and youth served by the SOC.

Note: Missouri's child and youth serving agencies do not have a common information sharing system. Therefore, data about interagency involvement is self-report data shown on the Youth Status report and is not verifiable. Indicators were developed specifically for the SOC.

Source(s) of

Information: Youth Status Report and Child Behavior Check List

Special Issues: Initially, measurement of indicators was limited to the Eastern Region because a mature system of care, the 503 Project, was operational in that part of the State. It is significant to note that several of the indicators the 503 project used prior to and during FY'01 were not the same indicators developed for the SOC. Specifically, the percentage of days in school and the community were not collected under the purview of the 503 Project. In FY'02 the 503 Project Board reconfigured its focus population to be consistent with SOC. The Board made a decision to measure the percentage of days in schools and the community because it felt these indicators were important. The reconfigured population, revised forms and new data collection procedures resulted in a low overall number of children with complete outcome data for FY'02. In light of the aforementioned information, outcome data from FY'03 and beyond will reflect a more comprehensive picture of the children in SOC.

Significance: The President's New Freedom Commission on Mental Health identifies 6 goals in transforming the mental health system. Particularly relevant to children's services is goal 2- Mental Health Care is Consumer and Family Driven. Recognizing the fragmentation of services for children and youth with severe and/or multiple mental health problems the Report from the Commission calls for program efforts to overlap. Goal 4, "Early Mental Health Screening, Assessment, and referral to Services are Common Practice" recommends the promotion of mental health in young children and the improvement and expansion of school mental health programs. The DMH is implementing a system of care as one of its top strategic goals. The development of adequate capacity for all child-serving agencies must include a shift from residential to community-based services.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SED Children Criterion 3: Integration of Children and Youth Services

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Objective	%Attained
Indicator #1a SOC children/youth living in out of home placement	N/A	20	20 (baseline)	
Value:				
If rate—Numerator			Number of days children/youth in State custody live in their own homes or homelike settings	
If rate—Denominator			Number of days in the reporting period	
Indicator #1b Percentage of days SOC children/youth in home/homelike settings	N/A	80%	80% (baseline)	80%
Indicator # 2 SOC children/youth expelled from school	N/A	2.7%		2.7%
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #3 Number of SOC teams	N/A	7		
Value:				
If rate—Numerator			Number of new System of Care Teams	
If rate—Denominator			Number of System of Care Teams	

Criterion 4: Targeted Services to Homeless and Rural Populations

About 60% of the homeless population in Missouri is concentrated in the metropolitan regions of the State, 25% are located in small cities and 15% in rural areas. A further breakdown of data indicates 39% are located in the Gateway/St. Louis region; 13% in the Lakes/Springfield region; 22% in the Mid-America/Kansas City region; 9% in the Central I-70 Corridor/Columbia region; 11% in the Southeast region/Cape Girardeau, Kennett, Popular Bluff, Sikeston; and 6% in the Northern Tier/Northwest Region. At this time reliable data is not available on the number of homeless individuals who are mentally ill and not receiving mental health services. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by exceeding the expected baseline. For a complete narrative description of this criterion please refer to Part C Section II under Criterion 4.

>Goal: Ensure that children and youth with SED living in rural areas receive services.

Target: Maintain the number of children and youth in rural areas receiving CPS-funded mental health services.

Population: Children and youth with serious emotional disturbances (SED).

Brief Name: Rural and Homeless Children and Youth with SED.

Indicator: Percentage of rural children and youth with SED who receive CPS-funded mental health services.

Measure: Generated reports form CTRAC.

Note: Homeless children and youth, when identified, are included within the CPS target population. However, there currently exists no systematic way to determine and track homelessness.

Source(s) of

Information: CTRAC, CBCL, and Youth Status Report

Special Issue: Increased access to mental health services for individuals living in rural areas depends on the level of funding available for community-based services and on efforts to equalize funding across service areas.

Significance: A comprehensive system of care includes equal access for people living in rural areas.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SED Children Criterion 4: Targeted Services to Homeless and Rural Populations

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2003 Objective	% Attained
Indicator #1 Rural children and youth receiving mental health services	11.96%	13.9%	7.6% (baseline)	13.9%
Value:				
If rate—Numerator				
If rate—Denominator				

Criterion 5: Management Systems and Expenditures of Block Grant Funds

State general revenue (GR) appropriations to the DMH had grown between 1997 and 2000. However, more recent economic conditions have resulted in withholds and reductions that substantially negated the growth. Even with diminishing resources, the Division moved toward a participatory, seamless, integrated system of care that is more accessible and responsive to the needs of children and youth with SED. As indicated by the data table below, the DMH has achieved the goals stated in this section for FY04 by exceeding the expected baselines.

Please refer to appendix A “Estimated FY 2004 Block Grant Expenditures” for more information.

>Goal: Maintain existing community-based services and increase effectiveness through State general revenue and/or other resources.

Target: Maintain access to and improve the effectiveness of services to individuals in the community.

Population: Children with SED

Criterion: Management systems

Brief Name: Financial Resources

Indicators: 1. Mental health expenditures per capita
2. Mental health expenditures per person served

Measure: Annual CPS expenditures will be divided by the Missouri population.
Annual CPS expenditures on children will be divided by the number of children served during the same time period.

Source of

Information: Population data and expenditure reports.

Special Issues: The spending authority for the State match for Targeted Case Management has been shifted from DMH to the State Medicaid Agency and will not be reflected in DMH expenditures as in the past. The level of services and clients served will not be affected.

Significance: Developing and maintaining a system of care and equitable allocation of resources are essential in providing mental health services to the target population.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SED Children

Criterion 5: Management Systems

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Objective	% Attained
Indicator #1 Expenditures per capita	\$28.31	\$36.06	\$25.79 (baseline)	
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #2 Expenditures per person served	\$3,271.79	\$3,590.02	\$3,330.21(baseline)	
Value:				
If rate - Numerator				
If rate - Denominator				

FY2005 MENTAL HEALTH PLAN

ADULTS

Criterion 1: Comprehensive Community-Based Mental Health System

Please refer to Part C, Section II for narrative information concerning the Community-Based Service System's strengths, needs and priorities in Missouri. Collaboration between DMH Divisions continues as CPS provides funds to ADA providers for psychiatric evaluation and medication services for their clients. This supports the effort to treat co-occurring disorders in an effective and efficient manner.

In FY 04 the method by which the number of persons receiving case management services is calculated was changed. The new methodology includes all individuals in CPR and POS programs and others who receive community support or case management services. This change accounts in part for the substantial increase in the number of persons receiving case management. However, there was an expansion of services regardless of the method used to calculate the number of individuals served.

The DMH has not set a baseline for Indicator 4 at this time. Due to the changes mentioned above the plan is to utilize a two or three year average before setting a new baseline for this indicator. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by exceeding the expected baselines.

>Goal: Increase access to acute care service for adults served by the Division and continue to reduce the length of stay in State inpatient hospital settings.

Target:

1. Increase access to acute care beds;
2. Continue to achieve a level of less than the baseline of 10.76% for the percentage of adults readmitted to State psychiatric inpatient care within 30 days of discharge;
3. Maintain the baseline of 12.5 for the average length of stay for adults admitted to State-operated acute inpatient hospitalization.

Population: Adults with SMI

Brief Name: Inpatient census, admission rates and lengths of stay.

Indicators: 1. Number of admissions to acute care facilities

2. Percentage of adults readmitted to State psychiatric inpatient care within 30 days of discharge;
3. Average length of stay for adults admitted to State-operated acute inpatient hospitalization.

Measure: CTRAC

Source of

Information: CTRAC

Special Issues: The total number of adults that are served by the Division is expected to remain stable or increase as the system of care expands, but the relative overall utilization and average length of stay in State-operated psychiatric hospitals is expected to decrease as community-based alternatives are developed. Admissions to acute care facilities may increase as beds become available. The rate of re-admission is expected to decrease. Adult SMI admissions are frequently linked to involuntary commitments and forensic issues beyond the control of CPS. Though resources are increasing for FY2005, budget withholds and reductions for 2003 and 2004 continue to have an impact on system access and capacity.

Significance: Important outcomes of the development of a community-based system of care are reduced utilization of State-operated psychiatric hospital beds, increased access to acute care beds, and a reduced average length of stay.

>Goal: Provide community support services to all eligible adults with SMI.

Target: 4. Maintain the baseline for the number of persons with SMI who are receiving CPS-funded case management/community support services.

Population: Adults with SMI

Brief Name: Community support services

Indicators: 4. Number of persons with SMI who receive CPS-funded case management/community support services.

Measure: The data is gathered from provider billing reports. Previously POS and CPR were the only case management/community support services counted. Beginning in 2004 we are reporting all case management for adults in the service system.

Source of

Information: Billing information

Special Issues: The total number of individuals receiving community support services is impacted by financial fluctuations and staff attrition and turnover.

Significance: An important outcome of the development of a community-based system of care for adults with SMI is the increased access to intensive case management services that help them effectively navigate the mental health system of care.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SMI Adult Criterion 1: Comprehensive Community-Based Mental Health Services

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Objective	% Attained
Indicator #1 Number of admissions acute care	7,521	7,487	7,300 (baseline)	
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #2 Readmitted within 30 days of discharge	7.1%	6.1%	10.76% (baseline)	6.1%
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #3 Average length of inpatient hospitalization	12	11.9	12 (baseline)	
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #4 Number of persons receiving community support services	14,834	33,667		
Value:				
If rate—Numerator				
	POS and CPR services Only.	All CM is now included		

Criterion 2: Mental Health System Data Epidemiology

Please refer to Appendix B, Table A “2001 Estimated Census Data and Prevalence Rates” and Appendix C, Table B “Characteristics of Clients Served” for complete information. For the definitions of the population to be served please see Part C, section II narrative for criterion 2. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY03 and FY04 by exceeding the expected baselines.

>Goal: Provide mental health services to the target population.

Target: Maintain the number of adults with SMI receiving services.

Population: Adults diagnosed with SMI.

Criterion: Mental health system data epidemiology

Brief Name: Estimates of SMI prevalence and target populations.

Indicator: Percentage of adults with serious mental illness who receive CPS-funded services.

Special Population Indicators: For all illustrative indicators shown under Criterion 1 and 2, estimations of performance on the same indicators for significant sub-populations, including breakouts by:

- a) Gender
- b) Ethnicity
- c) Race
- d) Sub-state geographic areas

Measure: Estimates of SMI prevalence consistent with federal methodology.

Note: Missouri’s estimate of prevalence and definitions consistent with federal definition and methodologies. Based upon a 5.7% prevalence rate, we estimate that almost 239,932 Missouri adults experience SMI. The Division served 55,630 adults during FY 2004.

Sources of

Information: CTRAC data system and federal SMI prevalence methodology.

Special Issues: State budget constraints may result in difficulty increasing services.

Significance: This Criterion highlights the overall unmet need for adults with SMI.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SMI Adult Criterion 2: Mental Health System Data Epidemiology

Performance Indicator	FY 2003 Actual	FY 2004Projected	FY 2005 Objective	% Attained
Indicator #1 Receive services	21.59%	23.4%	14.4% (baseline)	23.4%
Value:				
If rate—Numerator	SMI Adults Served			
If rate—Denominator	Adult Prevalence at 5.7%			

Criterion 4: Targeted Services to Homeless and Rural Populations

Please refer to Part C, Section II for narrative information concerning Missouri's services to homeless and rural populations. The Division continues its outreach efforts in an attempt to reach individuals with SMI in these two populations. As indicated by the data table below, the DMH has achieved the goal stated in this section in FY03 and FY04 by exceeding the expected baseline.

>Goal: Maintain access and capacity of mental health services to adults with SMI who live in rural areas.

Target: Maintain the percentage of adults with SMI living in rural areas who are receiving CPS-funded mental health services.

Population: Adults with SMI

Criterion: Targeted services to rural and homeless populations.

Indicator: Percentage of adults with SMI in rural areas receiving CPS-funded mental health services.

Measure: Generated reports from CTRAC.

Sources of

Information: Data from service providers.

Special Issues: Access to mental health services for individuals living in rural areas depends on the level of funding available for community-based services and on efforts to equalize funding across service areas.

Significance: A comprehensive system of care includes equal access for people living in rural areas.

State Plan Performance Indicator Data Table Fiscal Year: 2004

Population: SMI Adult Criterion 4: Targeted Services to Homeless and Rural Populations

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2005 Objective	% Attained
Indicator #1 Rural persons receiving mental health services	18.89 %	20.4%	8.3% (baseline)	20.4%
Value:				
If rate—Numerator				
If rate—Denominator				

Criterion 5: Management Systems and Expenditures of Block Grant Funds

State general revenue (GR) appropriations to the DMH have seen some growth in previous years. However, more recent economic conditions have resulted in withholds and reductions that substantially negated the growth. Even through the down turn the Division, continued to make strides toward a participatory, seamless, and integrated system of care. The goal is a system of care that is more accessible and responsive to the needs adults with SMI. As indicated by the data table below, the DMH has achieved the goals stated in this section in FY04 by exceeding the expected baselines. Please refer to appendix A “Estimated FY 2004 Block Grant Expenditures” for more information.

In addition to the initiatives mentioned in Part C, Section II, the following programs and activities increase the effectiveness of services:

- A consumer education program providing support groups, educational structure and outreach services.
- Training services to the law enforcement community and other emergency responders, including characteristics of mental illness, coping with cultural and age diversity, and understanding medications and side effects.
- Training case managers, community support workers, substance abuse counselors, psychiatric aides and social workers to be better educated on diagnoses, treatment approaches, and working effectively with individuals with mood disorders, personality disorders and obsessive compulsive disorders.
- Developing an active role for consumers, families and community providers in the discharge planning process.
- Promoting the use of the more effective, newer generation of psychotropic medications.
- Expanding eligibility criteria for the CPR programs so more individuals may participate in this Medicaid program.

>Goal: Maintain existing community-based services and increase effectiveness through State GR and/or other resources.

Target: Maintain access to and improve the effectiveness of services to individuals in the community.

Population: Adults with SMI.

Criterion: Management systems.

Brief Name: Financial Resources

Indicators: 1. Mental health expenditures per capita
2. Mental health expenditures per person served.

Measure: Annual CPS expenditures divided by the Missouri Population.
Annual CPS expenditures on adults divided by the number of adults served during the same time period.

Source of

Information: Population data and expenditure reports.

Special Issues: The spending authority for the State match for Targeted Case Management has been shifted from DMH to the State Medicaid Agency and will no longer be reflected in DMH expenditures as in the past. The level of services and clients served will not be affected.

Significance: Developing and maintaining a system of care and equitable allocation of resources are essential in providing mental health services to the target populations.

State Plan Performance Indicator Data Table**Fiscal Year: 2004****Population: SMI Adult****Criterion 5: Management Systems**

Performance Indicator	FY 2003 Actual	FY 2004 Actual	FY 2003 Objective	% Attained
Indicator #1 Expenditures per capita	\$58.14	\$67.32	\$63.01(baseline)	
Value:				
If rate—Numerator				
If rate—Denominator				
Indicator #2 Expenditures per person served	\$4,724.04	\$5,040.33	\$4,667.44	
Value:				
If rate—Numerator				
If rate—Denominator				